

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PT-679)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		NO.	DEF.
	NO.	DEF.	NO.	DEF.	NO.	DEF.		
1							61	
2							62	
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50								
TOTAL NO.	4						TOTAL NO.	
TOTAL DEF.	1						TOTAL DEF.	

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st ASSIGNMENT		AFTER 2nd ASSIGNMENT	
	WFO.	DET.	WFO.	DET.	WFO.	DET.
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60						
TOTAL	4					
TOTAL	29					

	NO.	CR.	NO.	DEF.	NO.	DEF.
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TOTAL						
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DEF.						